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30567 7590 08/16/2004

LEON I. EDELSON, ESQ.
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Leon I. Edelson	(Depositor's name)
<i>Leon I. Edelson</i>	(Signature)
November 12, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/068,194	02/05/2002	Germaine Caprio	31287-36223	7087

TITLE OF INVENTION: NURSING GARMENT AND SUPPORT BRA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	11/16/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HALE, GLORIA M	3765	450-036000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1	Leon I. Edelson
2	William C. Clarke
3	Levenfeld Pearlstein

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Raggle, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

147 N. Humphrey Ave.
Oak Park, IL 60302Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee
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4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.
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602036

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

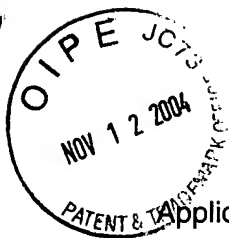
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature _____

Typed or printed name Leon I. EdelsonDate November 12, 2004Registration No. 38,863

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Germaine Caprio
Serial No. 10/068,194
Filed: February 5, 2002
For: NURSING GARMENT AND SUPPORT BRA
Attorney Docket: 31287-36223
Express Mail Label No. EV 024105337 US

VIA FACSIMILE AND EXPRESS MAIL
(703) 746-4000

Mail Stop ISSUE FEE
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Dear Commissioner:

Enclosed please find the following documents:

1. This transmittal letter (in duplicate);
2. Part B – Fee(s) Transmittal (in duplicate);
3. Fee Address Indication Form; and
4. Receipt Acknowledgement Postcard.

Please charge PTO Deposit Account Number 502035 any and all prescribed filing fees.

If the Examiner should have any questions, she is invited to telephone applicant's counsel.

Respectfully submitted,

Leon I. Edelson
Registration Number 38,863

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Date: November 12, 2004

CERTIFICATE OF MAILING

I hereby certify this correspondence and the above-referenced documents are being faxed to 703-746-4000 and deposited, postage prepaid, with the United States Postal Service as Express Mail No. EV 024105337 US in an envelope addressed to Mail Stop ISSUE FEE, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on the below date.

Signed

Leon I. Edelson

Dated: November 12, 2004